

Immunisation record request



When to use this form

Use this form if you would like to request immunisation records for yourself or your child.

As we only hold records of immunisation for schools within the Hobart municipal area, should you require records outside of our area please contact the Council in which the school is located or contact the clinic that you attending directly.

Immunisation details

The details required to be completed below are for the person who you are requesting the immunisation details about.

I am applying for (Select 1 option) Required

- myself
- my child

First name Required

Last name Required

Date of birth Required

Details will only be released to the person who makes the request directly, or if the person is under 18 years of age, to their lawful guardian/s. In cases where the request is made by a person other than this, documentation may be requested to confirm the relationship.

Please select the applicable school or clinic: (Select 1 or more options)

- Albuera Street Primary School
- Bruce Hamilton School
- Campbell Street Primary School
- Dora Turner School
- Elizabeth College
- Fahan School
- Goulburn Street Primary School
- Guilford Young College - Hobart Campus Only
- Hobart City Council Clinic
- Hobart College
- Immaculate Heart of Mary Primary School
- Lady Rowallan School
- Lambert School
- Lansdowne Crescent Primary School
- Lenah Valley Primary School
- Mount Carmel College
- Mount Nelson Primary School
- Mount Stuart Primary School
- New Town High School
- New Town Primary School
- Ogilvie High School
- Princes Street Primary School
- Sacred heart College
- Sandy Bay Infant School
- South Hobart Primary School
- St Francis Xavier School
- St Marys College
- St Michaels Collegiate
- St Peters School
- St Virgils Primary School - Hobart Campus only
- The Friends School
- The Hutchins School
- Trinity Hill School
- Waimea Heights Primary School
- Zoe Community School

Personal details

First name Required

Last name Required

Email address

Telephone number Required

Address Required

(type your address below or select the 'use my current location' button)

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Declaration

In making this request: (Select 1 or more options)

- I declare that the information I have provided is to the best of my knowledge, true and correct. Required
- I agree that by typing my name below I have signed this application Required

Name of signatory Required

For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](#)

End of form